

Registration Form (gr. 3-8)

An introductory journey through the theatre process - from auditions to opening night - gain experience on stage and behind-the-scenes! For those in 3rd grade through 8th grade (*during the 2022-2023 school year*).

***25 applicants will be accepted via a lottery method.**

Schedule: Monday-Thursday: 10:00am-3:00pm
Friday: 2:00pm - showtime

**The Theatre Camp will culminate in a Friday night performance of Seussical-Kids at 6pm.*

DATE OF REGISTRATION

/ /

REGISTRATION DEADLINE

Forms are due by: **Friday, May 19**

PERSONAL INFORMATION

Student Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Parent's Name :	<input type="text"/>
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Parent's Email :	<input type="text"/>
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Parent's Phone :	<input type="text"/>
School Grade : (during 2022-2023)	<input type="text"/>	Address :	<input type="text"/>
Please give me my practice music in:	<input type="checkbox"/> CD format <input type="checkbox"/> Digital format	City/State :	<input type="text"/>
Emergency Contact Name :	<input type="text"/>	Emergency Contact Phone :	<input type="text"/>

EXPERIENCE

Backstage:

I have experience in:

Onstage:

I have experience in:

Snacks will be provided during the day. Students are responsible for their own lunches. Please designate any food restrictions/ allergies here:

Food restrictions/allergies:

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PLEASE SUBMIT YOUR COMPLETED REGISTRATION FORM TO ONE OF THE FOLLOWING 3 LOCATIONS:

Mrs. Dennison
Delphi Community Elementary School
300 W Vine St
Delphi, IN

OR

Mr. Dennison
Delphi Community Middle School
401 Armory Rd
Delphi, IN

OR

The Delphi Public Library
222 E Main St
Delphi, IN

Any questions?: dplibrary@delphilibrary.org

THANK YOU FOR REGISTERING!

Liability Release Form (gr. 3-8) —

REGISTRATION DEADLINE
Forms are due by: **Friday, May 19**

AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless the Delphi Opera House and Delphi Public Library, as well as its directors, employees and volunteers, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with Red Brick Theatre Summer Camp, including classes, rehearsals, performances, or other activities.

I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Red Brick Theatre and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian.

By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent their/my participation in strenuous and rigorous dance activities and other training and performance connected with musical theater. Further I understand and acknowledge that because of the physical nature of theater, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during vocal, dance or acting instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary.

I have carefully read this Agreement, Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

I also authorize the use of photos and videos of me for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize the use of photos and videos of the minor child for promotional purposes.

DATE: _____

CHILD'S NAME: _____

SIGNATURE OF LEGAL GUARDIAN: _____

PRINT NAME OF LEGAL GUARDIAN: _____

NEW THIS YEAR - T-SHIRTS! SEUSSICAL, JR. LOGO T-SHIRTS \$13.50 EACH

If you would like to purchase t-shirts, please include a check with this form or pay at the library with a credit card on or before May 13. Please note that you may receive a larger size than ordered.

Qty

<input type="checkbox"/> CHILD LARGE	<input type="checkbox"/> ADULT LARGE	<input type="checkbox"/> ADULT XX-LARGE
<input type="checkbox"/> CHILD MEDIUM	<input type="checkbox"/> ADULT MEDIUM	<input type="checkbox"/> ADULT X-LARGE
<input type="checkbox"/> CHILD SMALL	<input type="checkbox"/> ADULT SMALL	

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